



Clark County Regional Support Network Policy Statement

Policy No. 56
Policy Title: Consumer Disenrollment
Effective Date: 10/01/2001

Policy: A consumer may request disenrollment from the PHP through the RSN/PHP grievance process. The mental health division must disenroll a Medicaid consumer from his/her mental health prepaid health plan only when the consumer meets certain criteria, including loss of eligibility for Title XIX Medicaid services, consumer is deceased, or on a case-by-case basis.

Reference: WAC 388-865-0340

Procedure:

1. The RSN must disenroll a Medicaid consumer from his/her mental health prepaid health plan only when the consumer:
 - (a) Loses eligibility for Title XIX Medicaid services.
 - (b) Is deceased.
 - (c) On a case-by-case basis. The RSN will disenroll a consumer from his/her mental health PHP when the consumer has "good cause" for disenrollment. "Good cause" is defined as the inability of the RSN/PHP to provide medically necessary care that is reasonably available and accessible. A consumer will not be disenrolled in a mental health PHP solely due to an adverse change in the consumer's health. In determining whether the RSN/PHP provides medically necessary care that is reasonably available and accessible, the RSN may consider, but is not limited to considering:
 - (i) The medically necessary services needed by the consumer
 - (ii) Whether services are or should be available to other consumers in the mental health prepaid health plan
 - (iii) Attempts the consumer has made to access services in his/her assigned mental health PHP
 - (iv) Efforts by the assigned RSN/PHP to provide the medically necessary services needed by the consumer
2. A consumer wishing to disenroll from his/her assigned mental health PHP must utilize the local mental health prepaid health plan grievance process prior to requesting disenrollment from the Mental Health Division.
3. A consumer requesting disenrollment must make a request in writing to the mental health division fair hearing coordinator. The request must include:

- (a) The consumer's name, address, phone number (or number where the consumer can receive a message), and the name of the consumer's current RSN/PHP.
 - (b) A statement outlining the reasons why the consumer believes his/her current mental health prepaid health plan does not provide medically necessary care that is reasonably available and accessible.
 - (c) The mental health division will make a decision within forty-five days of the request for disenrollment or within time frames prescribed by the federal Health Care Financing Administration, whichever is shorter. The mental health division will screen the request to determine if there is sufficient information upon which to base a decision.
4. The mental health division will notify the consumer within fifteen days of receipt of the request whether or not the request contains sufficient information. If there is not sufficient information to allow the mental health division to make a decision, additional information will be requested from the consumer. The consumer will have fifteen days to provide requested information. Failure to provide additional requested information will result in denial of the disenrollment request.
5. The mental health division will send written notice of the decision to the consumer. If a decision to disenroll is made, the mental health division will notify the consumer ten days in advance of the effective date of the proposed disenrollment, including arrangements for continued mental health services. If the consumer's request to disenroll is denied, the notice will include the consumer's right to request a fair hearing, how to request a fair hearing, and how the consumer may access ombuds services in his/her area.

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Date